

**ISOLATION AND INVESTIGATION DECISION GUIDE FOR ADMITTED PATIENTS
IN OUTBREAK CONDITIONS**

Date: _____

Completed By: _____

This patient has been admitted with/found to have febrile or respiratory symptoms requiring follow-up and isolation as outlined in the table below:

Precautions for this patient indicated by \checkmark	Epidemiological Risk Factors? (+ responses to section C OR D of SARS Risk Factor Screening Tool)	Fever or Respiratory Symptoms? (+responses to sections A OR B of SARS Risk Factor Screening Tool)	Do Lab Investigations for SARS?	Isolation Precautions and other actions
	No	Yes	If symptoms severe, or progress or infiltrates on CXR	respiratory and contact precautions \leq 72 hours depending on results of clinical assessment
	Yes (or unknown or incomplete information)	Yes	If symptoms severe, or progress or infiltrates on CXR	respiratory and contact precautions \geq 72 hours depending on results of clinical assessment
	Yes	No	If symptoms develop	respiratory and contact precautions only if positive contact history

Close follow up is required to determine if this patient develops a clinical picture consistent with suspect or probable SARS. If progression occurs notify infection control and/or infectious diseases service. Patients who are suspect or probable SARS cases should be managed with Respiratory and Contact Precautions (Enhanced) in a negative pressure isolation room.

Infection Control Service Telephone/pager number: _____

Signature of Infection Control Professional

Date

PLACE ON HIGHLY VISIBLE LOCATION OF PATIENT HEALTH RECORD